FORM D MANUALLY FY.EUTED

U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL	
	OMB NUMBER: 3235-0076	
$\mathcal{L}$	`Expires: July 31, 2008	
Ų	Estimated average burden	
. 1	Chairs per response 16.00	

SEC USE ONLY Riefix Serial DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate cha	ange.)	
ARTIST CAPITAL ADVANTAGE PLUS LTD.  Filing Under (Check box(es) that apply): Rule 504 Rule 505  Type of Filing: New Filing Amendment	Rule 506 Section 4(6)	JLOE
A. BASIC IDENTIFICA	TION DATA	
Enter the information requested about the issuer	L 10 0 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed ARTIST CAPITAL ADVANTAGE PLUS LTD.	(e.) 08058590	
Address of Executive Offices	(Number and S	Jumber
c/o Mourant Cayman Corporate Services Ltd., Harbour Center, P.O. Box 1	•	(Including Area Code) (345) 949-4123
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number
(if different from Executive Offices)		(Including Area Code)
		PROCESSED
Brief Description of Business		PROCESSED
Securities Investment		<b>≯</b> AUG 2 8 2008
Type of Business Organization	<b>5</b>	
corporation limited partnership, already formed	other (please specify):	THOMSON REUTERS
business trust limited partnership, to be formed	Cayman Islands exempted company	
Actual or Estimated Date of Incorporation or Organization:    Month   Year	🛛 Actual 🔲 I	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviati CN for Canada; FN for other foreign		
GENERAL INSTRUCTIONS		·
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under	r Regulation D or Section 4(6), 17 CFR 230.5	01 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in Commission (SEC) on the earlier of the date it is received by the SEC at the address given be was mailed by United States registered or certified mail to that address.	n the offering. A notice is deemed filed with clow or, if received at that address after the dat	the U.S. Securities and Exchange e on which it is due, on the date it

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Hanson, Roger H. Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 31910, dms House, 20 Genesis Close, Grand Cayman KY1-1208, Cayman Islands Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Guilfoyle, Ronan Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 31910, dms House, 20 Genesis Close, Grand Cayman KY1-1208, Cayman Islands Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer \_\_ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		B. INFORMATION ABOUT OFFERING													
2. What is the minimum investment that will be accepted from any individual? "\$1,000,000 "Minimum may be valved by Directors in their discretion." Yes No 2 "Minimum may be valved by Directors in their discretion." Yes No 3. Does the offering permit joint comership of a single unit? "Yes No 4. Enter the information responses for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for delate registered with the SEC and/or with a state or states, list the mane of the broker or dealer, gristered with the SEC and/or with a state or states, list the mane of the broker or dealer. If more than five (5) persons to he listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer cody." None  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zig Code)  Name of Associated Broker or Dealer  Check "All States" or check individual States)	1.	Has the	issuer sold.	, or does the	issuer inte	end to sell, t	to non-accre	edited inve	stors in this	offering?	***********	***********	*************		
**Minimum may be waived by Directors in their discretion.**    Yes No						Алѕwс	r also in Ap	pendix, Co	olumn 2, if 1	iling under	ULOE.				
Does the offering permit joint ownership of a single unit?	2.										*\$ <u>1,000,000</u>				
solicitation of purchaers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  [IL] IN] IAI [AK] [AC] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [DI] [MT] [NE] [NV] [NII] [NII	3.	Does the	offering p	ermit joint	ownership	of a single	unit?					••••	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Associated Broker or Dealer		4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Full Nam	e (Last nai	me first, if	individual)											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Business	or Residen	ce Addres	s (Number	and Street,	City, State,	Zip Code)								
Check "All States" or check individual States   CA	Name of	Associated	Broker or	Dealer											
Check "All States" or check individual States   CA		_													
AL   AK   AZ   AR   CO   CT   DE   DC   FL   GA   HI   ED     III   IN   IIA   IKS   KY   ILA   ME   MD   MA   MI   MN   MS   MS   MO     MT   NE   NV   NH   NJ   NM   NV   NC   ND   OH   OK   IOR   PA     RI   SC   SD   TN   TX   UT   VT   VA   (WA   WV   WI   WV   PR    Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	5							
III.]   INN	(Check														All States
Pull Name (Last name first, if individual)		ÏL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	įκyj [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
Name of Associated Broker or Dealer	Full Nam	<u> </u>	_:		[]	[]	[0.7]	1, -,	( )	[]	(***)	1	[]	[, 7,]	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers    Check "All States" or check individual States)	Business	or Residen	ce Address	s (Number :	and Street,	City, State,	Zip Code)								
Check "All States" or check individual States)	Name of	Associated	Broker or	Dealer			· · · · · · · · · · · · · · · · · · ·						<del> </del>		
Check "All States" or check individual States)															
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [WA] [WV] [WV] [WV] [WV] [WV] [WV] [WV] [WV	States in	Which Pen	son Listed	Has Solicit	ed or Intend	ds to Solicit	Purchasers	3							
[IL] [IN] {IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	(Check														All States
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Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)															
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Full Nam	e (Last nar	ne first, if	individual)						···					
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Ducinace	or Danidan	oo Addroo	(Alumbar	and Ctroot	City State	7in Codo								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Dusiness	oi Residen	ce Address	s (Municer a	uiu succi, v	cny, state,	Zip Code)								
(Check "All States" or check individual States)       [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]       [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]       [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Name of Associated Broker or Dealer														
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	States in	Which Pers	son Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers								
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		[IL] [MT]	[IN] [NE]	[1A] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	S
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Redeemable, Participating, Non-Voting Shares*	\$100,000,000	\$42,000,000
	Total*	\$100,000,000	\$42,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ <u>42,000,000</u>
	Non-accredited Investors		\$N/A
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	<del></del>	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees		\$ <u>45,000</u>
	Accounting Fees		\$0
	Engineering Fees		\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		\$ <u>0</u>
	Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)		\$ <u>10,000</u>
	· · · · · · · · · · · · · · · · · · ·	_	

\* This is a continuous offering. Consequently, the aggregate offering price could be greater or less than this amount.

Total .....

\$55,000

C. OFFERING PRICE, NUMBER (			8			
<ul> <li>b. Enter the difference between the aggregate off Question 1 and total expenses furnished in responsis the "adjusted gross proceeds to the issuer."</li> <li>5. Indicate below the amount of the adjusted gross pobe used for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer.</li> </ul>	se to Part C - Question 4.a. This discussion of the issuer used or proposition for any purpose is not known timate. The total of the payments limate.	ifference sed to , furnish isted	*\$ <u>99,945,000</u>			
4.b above.	o. 500 101 a. 102 poneo 10 1 a. 10	<b>(</b>				
		Payments to Officers, Directors, & Affiliates	Payments To Others			
Salaries and fees		□\$				
Purchase of real estate		□ \$				
Purchase, rental or leasing and installation of mac	hinery and equipment	□ \$	□ \$			
Construction or leasing of plant buildings and fac	• • •	<u></u> \$				
Acquisition of other businesses (including the val that may be used in exchange for the assets or sec merger)	urities of another issuer pursuant to	ering a				
Repayment of indebtedness						
Working capital			□ \$ □ \$			
Other (specify): to be used as described in Issuer' Memorandum	s Confidential Private Placement	` <u></u> □\$	\$99,945,000			
Column Totals			<b>\$99,945,000</b>			
Total Payments Listed (column totals added)		\$99,945,000				
D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the issuer request of its staff, the information furnished by the issuer	suer to furnish to the U.S. Securi	ties and Exchange Comm	ission, upon written			
Issuer (Print or Type)	Signature 7	Date	,			
ARTIST CAPITAL ADVANTAGE PLUS LTD.		_8	<b>-21</b> , 2008			
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Ronan Guilfoyle	Director	<del>(</del>				

\* See asterisked comment on p.4.

**ATTENTION** 

Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)

